



Coronavirus Disease 2019 (COVID-19)

Washington State Board of Health August 12, 2020

Presenter

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Washington State Department of Health

Overview

- Recent Epi Trends
 - Central Washington Challenges/Concerns
 - Mental/Behavioral Health
- Reopening the Economy
- Reopening Schools
- Boxing in the Virus

Department of Health Data Dashboard

https://www.doh.wa.gov/Emergencies/Coronavirus

COVID-19 in Washington State

Confirmed Cases, Hospitalizations and Deaths by County

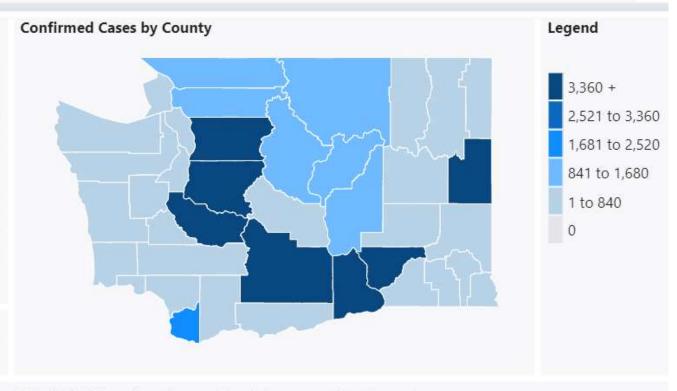
COVID-19 has spread throughout most of Washington State. Confirmed cases, hospitalizations and deaths reported for people who have had a positive molecular test for COVID-19.

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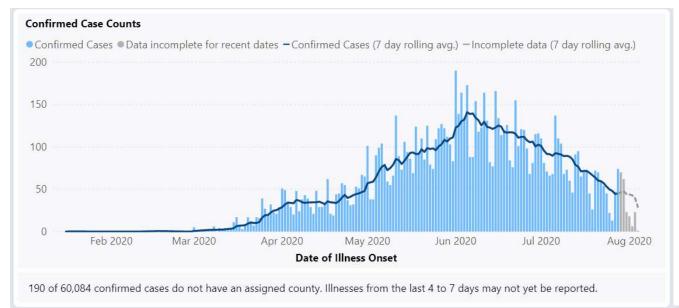


Confirmed Cases	64,151
Hospitalizations	6,102
Deaths	1,716
Percent of Deaths (deaths/confirmed cases)	2.7%
Prelim. Total Tests	954,355
Prelim. % Positive	6.7%

Please click "Learn More" for more information.

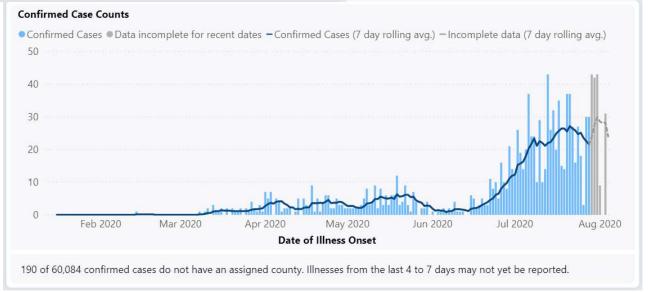


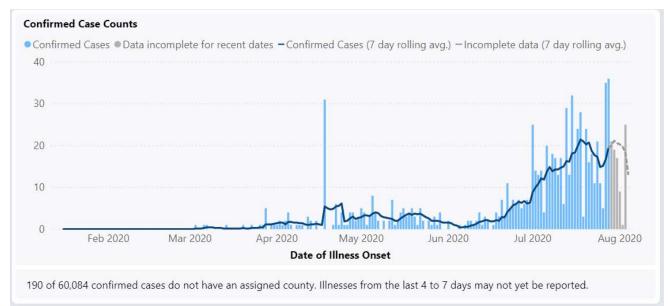
209 of 64,151 confirmed cases do not have an assigned county



Yakima County

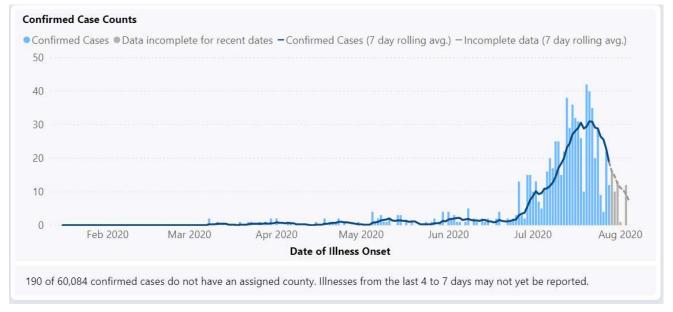
Chelan County





Douglas County

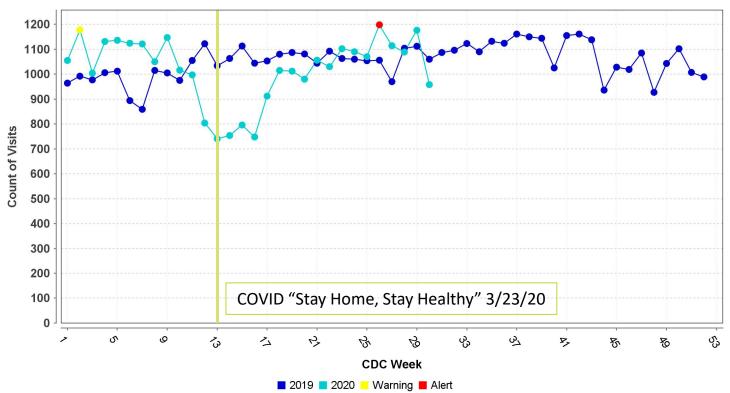
Okanogan



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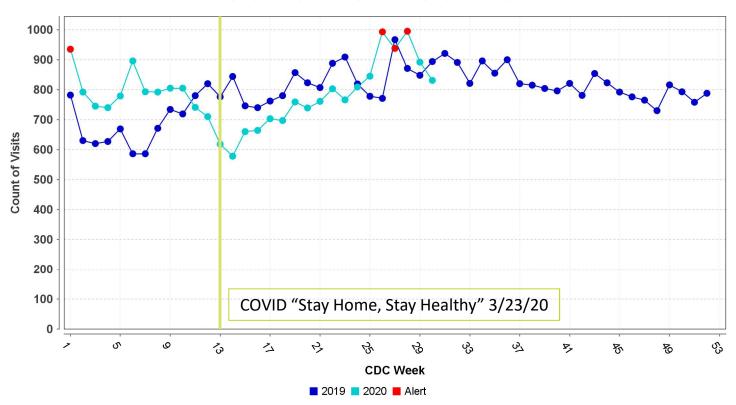
	Confirmed Cases	% of Cases	Total WA Population (%)
Total Number	63,647	100%	
Unknown Race/Ethnicity (% of Total)	21,811	34%	NA NA
Total with Race/Ethnicity Available	41,836	100%	100%
Hispanic	18,071	43%	13%
Non-Hispanic White	15,516	37%	68%
Non-Hispanic Black	2,397	6%	4%
Non-Hispanic Asian	2,074	5%	9%
Non-Hispanic Native Hawaiian or Other Pacific Islander	1,106	3%	19
Non-Hispanic Multiracial	1,063	3%	4%
Non-Hispanic Other Race	917	2%	NA NA
Non-Hispanic American Indian or Alaska Native	692	2%	1%

ED visit counts for psychological distress



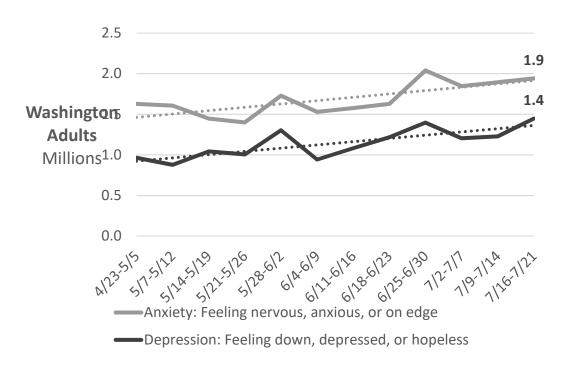
Source: DOH syndromic surveillance data from RHINO/ESSENCE. Week 30 corresponds to week ending July 25.

Alcohol-related visits



Source: DOH syndromic surveillance data from RHINO/ESSENCE. Week 30 corresponds to week ending July 25.

Symptoms of anxiety and depression are increasing



Demographic groups most commonly reporting depression on most days:

- 18-29 year-olds
- Black, not Hispanic
- Multiracial, not Hispanic
- Less than high school education
- Never married
- Household income < \$35K
- Unemployed
- Household member experienced loss of employment income

Source: U.S. Census Bureau Household Pulse Survey, Washington data

WASHINGTON'S PHASED APPROACH

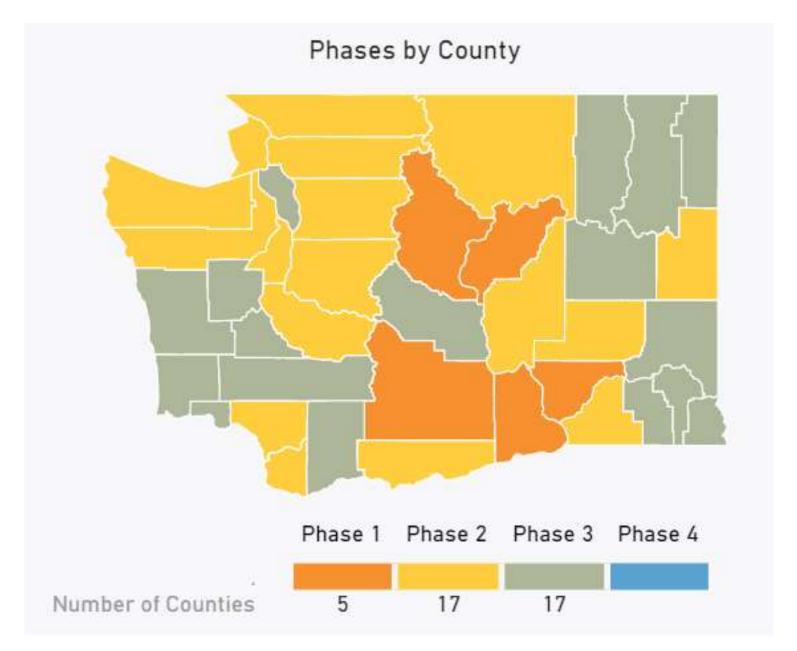
Modifying Physical Distancing Measures

INDIVIDUALS AND BUSINESSES SHOULD FOLLOW ALL REQUIREMENTS LISTED ABOVE DURING ALL PHASES

	Phase 1	Phase 2	Phase 3	Phase 4
High-Risk Populations*	Stay home unless engaging in Phase 1 permissible activities.	Strongly encouraged, but not required, to stay home unless engaging in Phase 1 or Phase 2 permissible activities.	Strongly encouraged, but not required, to stay home unless engaging in Phase 1, 2, or 3 permissible activities.	Resume public interactions, with physical distancing
Recreation	Some outdoor recreation (hunting, fishing, golf, boating, hiking)	Outdoor recreation involving 5 or fewer people outside your household (camping, beaches, etc.)	 Outdoor group rec. sports activities (50 or fewer people) Recreational facilities at <25% capacity 	Resume all recreational activity
Gatherings (non religious)	No gatherings	Gather with no more than 5 people outside your household per week	Allow gatherings with no more than 10 people	Allow gatherings with >10 people
Travel	Essential travel and limited non-essential travel for Phase I permissible activities	Essential travel and limited non-essential travel for Phase I & II permissible activities	Resume non-essential travel	Continue non-essential travel
Business/ Employers (All businesses will be required to follow safety plans written by the state)	- Essential businesses open - Existing construction that meets agreed upon criteria - Landscaping - Auto/RV/boat/ORV sales - Retail (curbside pick-up orders only) - Car washes - Pet walkers	- Remaining manufacturing - Additional construction phases - In-home/domestic services (nannies, housecleaning, etc.) - Retail (in-store purchases allowed with restrictions) - Real estate - Professional services/office-based businesses (telework remains strongly encouraged) - Personal services (hair and nail salons/barbers, tattoo, etc.) - Pet grooming - Restaurants <50% capacity, table size no larger than 5 (no bar-area seating) - Indoor dining with houeshold only - Bars: no indoor seating unless min. food requirements in guidance met - Drive-in Movie Theaters - Library (curbside pick-up) - Limited indoor and fitness and training with 300 square feet of distance/person, up to 25% capacity for large facilities.	- Movie theaters at <25% capacity - Customer-facing government services (telework remains strongly encouraged) - Libraries - Museums - All other business activities not yet listed except for those specified for Phase 4	- Nightclubs - Concert venues - Large sporting events - Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene - Live entertainment

* High-risk populations are currently defined by CDC as: persons 65 years of age and older; people who have serious heart conditions (particularly not well controlled), including people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease; people who live in a nursing home or long-term care facility.

^{**}For the purposes of the Safe Start Phased Plan, bars are defined as taverns, breweries, wineries and distilleries.



School Re-Openings: Country Comparisons on Key Metrics Compared to Current U.S. Data

	Date of Reopening	Daily Cases (7-day average)	Daily Cases Per Million Population	Test Positive Rate (%) (7-day average)	Estimated Cases Per 100,000 Population Per 14 days
United States	_	65,750.4	198.6	8.3	278.0
Washington	_	711	92.9	5.6	130.1
Belgium	5/18/2020	291.3	25.1	2.1	35.1
Denmark	4/15/2020	205.7	35.5	6.2	49.7
France	5/11/2020	1,110.9	17.0	1.1	23.8
Germany	5/4/2020	1,140.3	13.6	2.4	19.0
Greece	6/1/2020	5.6	0.5	0.1	0.7
Israel	5/3/2020	126.7	14.6	1.4	20.4
Japan	4/24/2020	439	3.5	8.7	4.9
South Korea	6/8/2020	44.4	0.9	0.3	1.3
New Zealand	5/14/2020	1.1	0.2	0	0.3
Norway	4/20/2020	93.3	17.2	3.8	24.1
Switzerland	5/11/2020	57.1	6.6	1.3	9.2
Taiwan	2/25/2020	1.1	0.0	0.2	0
Vietnam	5/18/2020	4.6	0.0	0	0

This table was adapted from the Kaiser Family Foundation "What Do We Know About Children and Coronavirus Transmission?" website accessed on August 2, 2020 at: https://www.kff.org/coronavirus-covid-19/issue-brief/what-do-we-know-about-children-and-coronavirus-transmission/ NOTES: U.S. estimates calculated based on most recent data. France positivity rate from May 24. Vietnam positivity rate from April 29. Data represent 7-day average, as of re-opening date (unless other date noted). SOURCES: COVID-19 data from: Department of Health COVID-19 Data Dashboard retrieved August for data through July 23, 2020 and "Coronavirus Pandemic (COVID-19)". Published online at OurWorldInData.org. Retrieved on July 28, 2020. School reopening dates from: University of Washington, Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic, July 6, 2020.

State Metrics for In Person Learning

California	Counties on "watch list" must begin in remote. Must be off list 14 days before in person. Measures: Average # tests/day, case rate per 100K population, increasing hospitalization, ICU+Vent capacity
Minnesota	In person for all <100 cases/100K/14 days
	Hybrid (tiers within range) between 100 and 499 cases/100k/14 days
	All remote >=500 cases/100K/14 days day
New York	Open for in person if in Phase 4 and when daily infection rate remains below 5% or lower using a 14-day average
	Close when infection rate rises above 9%, using a 7-day average
Oregon	Open for in person if <10 cases/100K over 7 days for 3 consecutive weeks (locally) AND <5% test positivity (locally and statewide)
	K-3, remote/rural schools, children with special needs if <30 cases/100K over 7 days AND <5% test positivity

Recommendations for School & Health Leaders regarding in person learning

COVID-19 Activity Level	Education Modality*	Extracurricular	
 HIGH >75 cases/100K/14 days Other considerations: Increasing trend in cases or hospitalizations Test positivity >5% Other health and education risks and benefits to children and their families 	Strongly recommend distance learning with the option for limited in-person learning in small groups, or cohorts, of students for the highest need students, such as students with disabilities, students living homeless, those farthest from educational justice, and younger learners.	Strongly recommend canceling or postponing all in person extracurricular activities, including sports, performances, clubs, events, etc.	
MODERATE 25–75 cases/100K/14 days Other considerations: Increasing trend in cases or hospitalizations Test positivity >5% Other health and education risks and benefits to children and their families	Recommend distance learning as described above. In addition, consider expanding in person learning to elementary students. Over time, consider adding hybrid in person learning for middle or high school students if limited COVID transmission occurs in schools.	Strongly recommend canceling or postponing all in-person extracurricular activities. Consider low risk activities when all students have some level of in person learning.	
LOW <25 cases/100K/14 days	Encourage full-time in person learning for all elementary students and hybrid learning for middle and high school. Over time and if physical space allows, consider full-time in person learning for middle and high school.	Consider low and moderate risk in person extra-curricular activities.	

DOH Fall K-12 Guidance

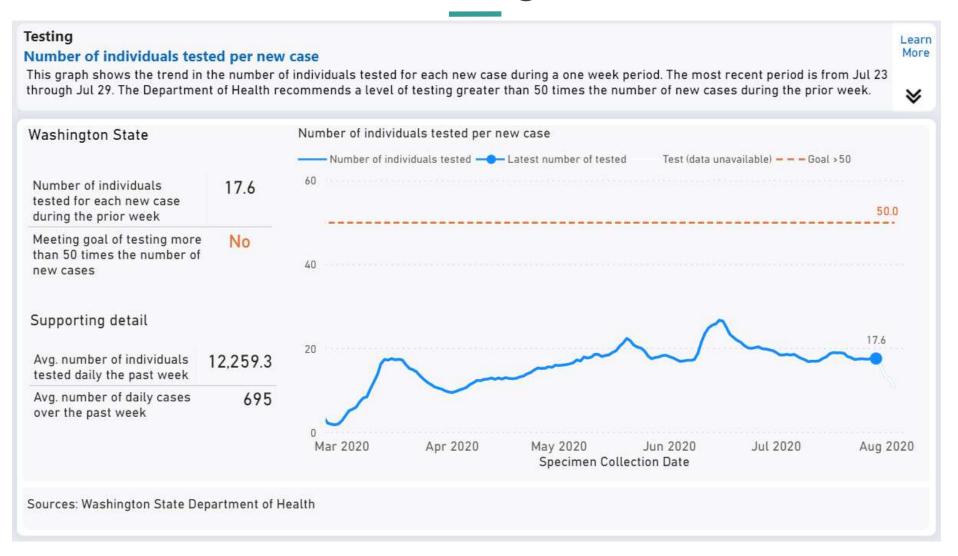
Key COVID Health & Safety Measures

- Symptom Screening—Stay Home when Sick
- Cohorts/Groups
- Physical Distance
- Face Coverings
- Increased hand hygiene, cleaning, & ventilation

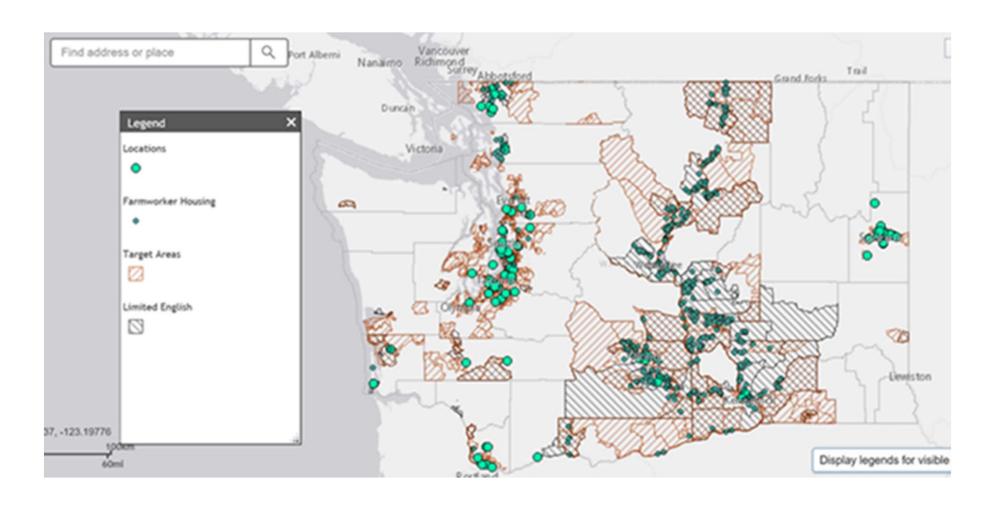
Additional Guidance

- How to handle cases and outbreaks
- Testing, contact tracing
- Return to school after...symptoms, exposure, COVID

Testing

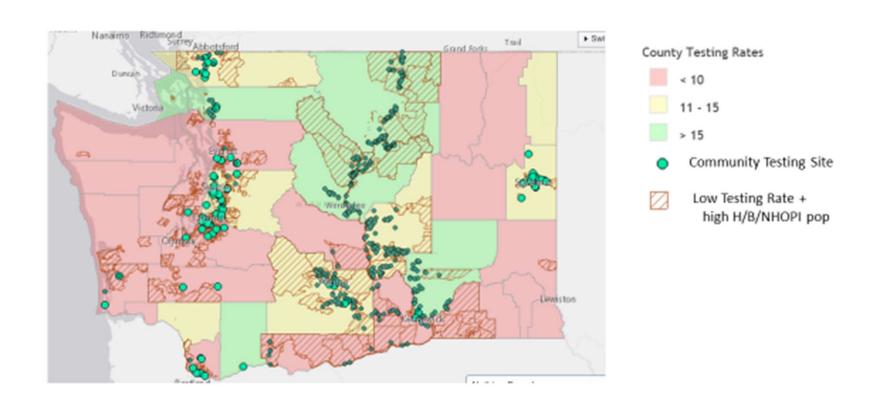


Testing Site App



Testing Site App

Areas with high need vs community testing availability

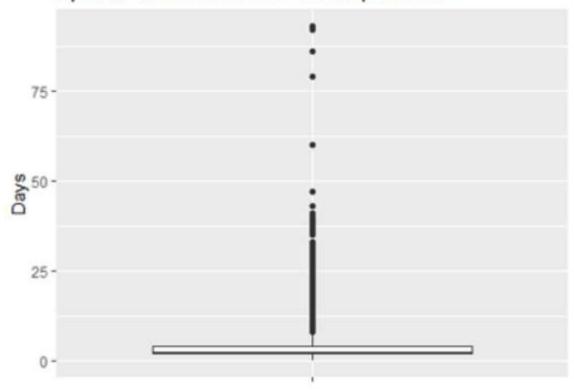


Specimen Collection Date to Report Date

The following table and box plot show the distribution of the number of days between specimen collection date and report date (defined by the date the first positive lab for an individual was reported in WDRS). Only cases that have data for both date fields are included (5491 / 59390 cases).

Min	1stQu	Median	Mean	3rdQu	Max
0	2	2	3.9	4	93

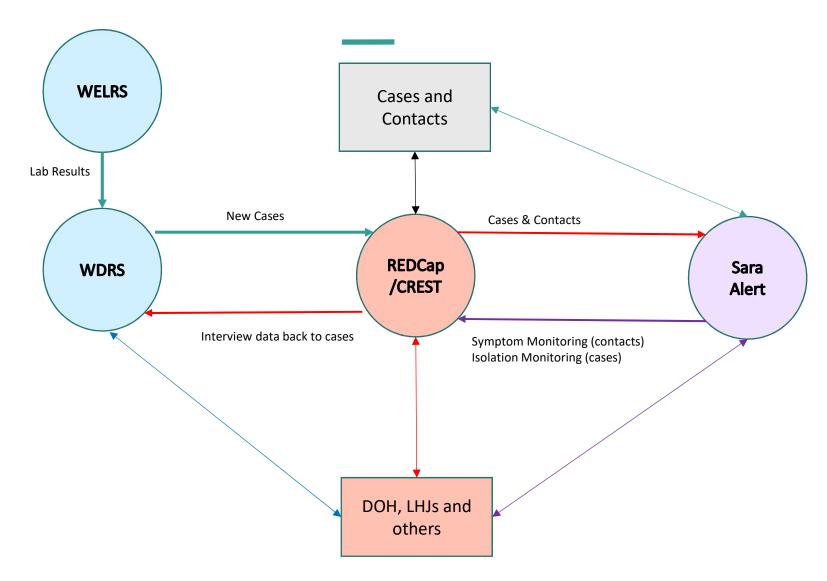
Specimen Collection Date to Report Date



Case Investigation, Contact Tracing

- Capacity increasing
 - **♦**Local level
 - ◆State level
- More needed

Data and Monitoring System Interactions



Why focus on Q&I and care coordination?

An integral part of the 'Box in the Virus' strategy

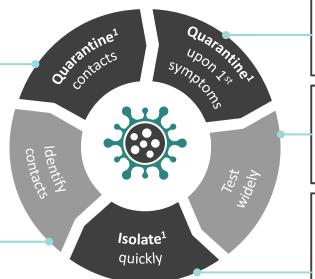
Outreach and support required for Q&I

WA survey: work, lost income, and caring for family identified as main barriers to 14 day Q&I

Care coordinators leading education and outreach efforts to address stigma of Q&I today

Cost and effort of contact tracing only valuable if people Q&I

Similar to HIV, TB, and syphilis—testing is only useful if people get treatment



Presumptive Q&I critical to contain spread

Test to notification time is a highly infectious period

People more willing to get tested with less stigmatized or unpredictable outcomes

For vulnerable populations care coordination reduces uncertainty

Unequal capacity to isolate

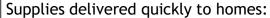
WA survey respondents report:

- 23% could not isolate from other household members
- 19% could not isolate for 14 days without support

Providing support (food, essential items, financial support) is essential to enable the most vulnerable population to isolate and quarantine

A three-part care coordination approach – Central WA

Service provision

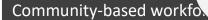


- medical
- food
- hygiene products

Additional support (varies by client):

- financial stipend/support
- social support
- counselling
- etc.

Link to pre-existing programs where possible



DOH staff activities:

- Coordinate local efforts
- Steer care coordination deployment
- Support local hiring/training

Local LHJ staff activities:

- Identify community-based workforce
- Identify local care coordination partners
- Coordinate with DOH to expedite state-provided benefits

Community health record system

Care Coordination System (CCS) developed to:

- Support coordination of services
- Facilitate information sharing across systems (e.g., CREST)
- Monitor compliance

Add'l services include:

- Link to resource directories
- Invoice/payment support/accountability

Objective to centralize most steps of patient journey

^{1.} CHWs, peer network, community members



Reducing community transmission with greater Q&I compliance



Helping vulnerable populations in the shortand long-term by connecting them to support programs



Realizing economic savings by limiting cost associated with transmitting disease, including medical costs, possible deaths



Supporting local economic recovery by leveraging local vendors for service provision

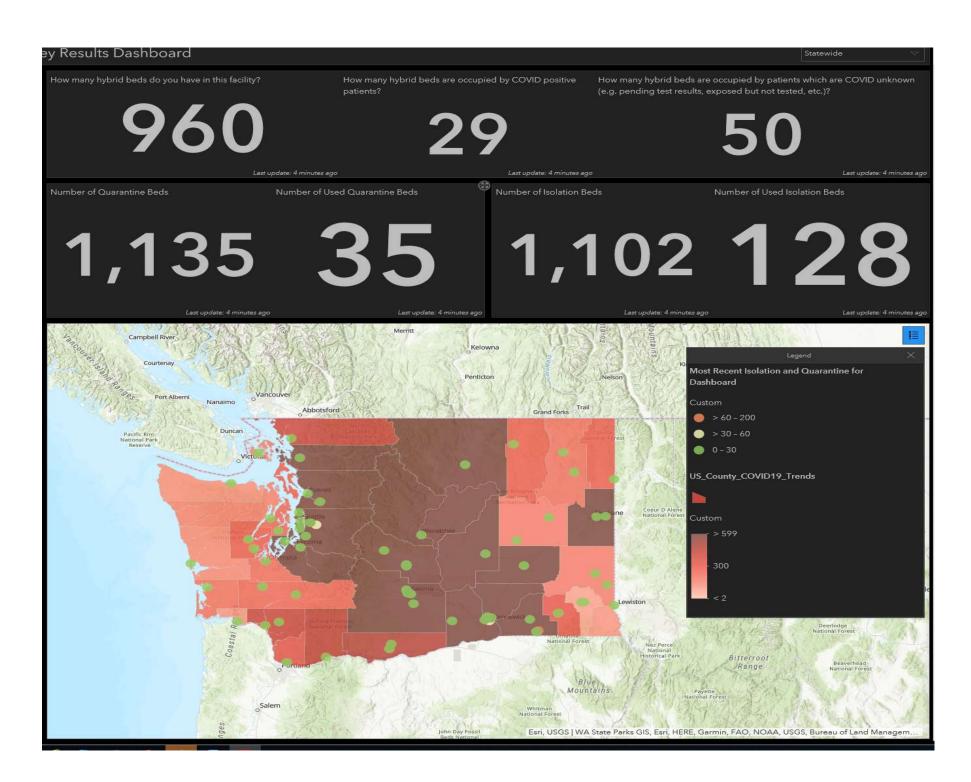


Engaging/developing a community-based workforce that could be leveraged for other health program needs



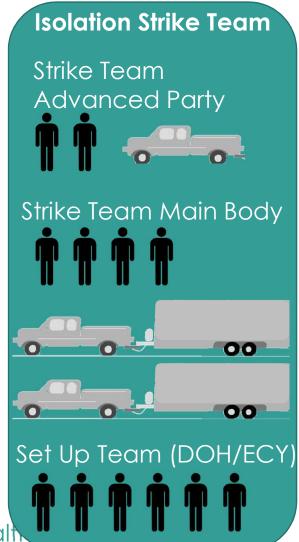
Creating infrastructure for community health records





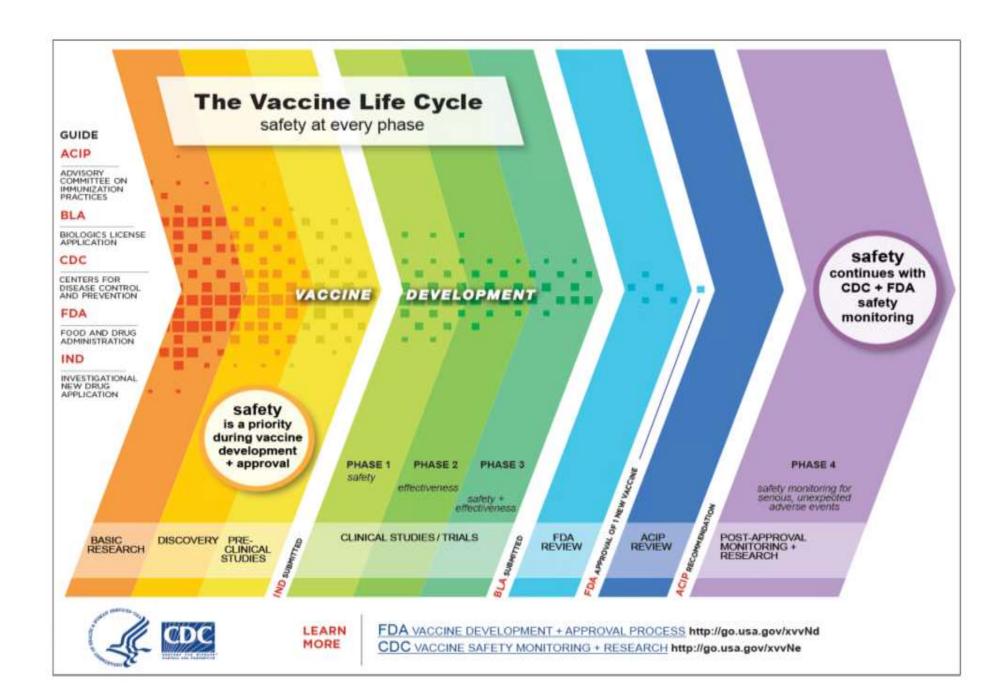
Isolation Strike Team

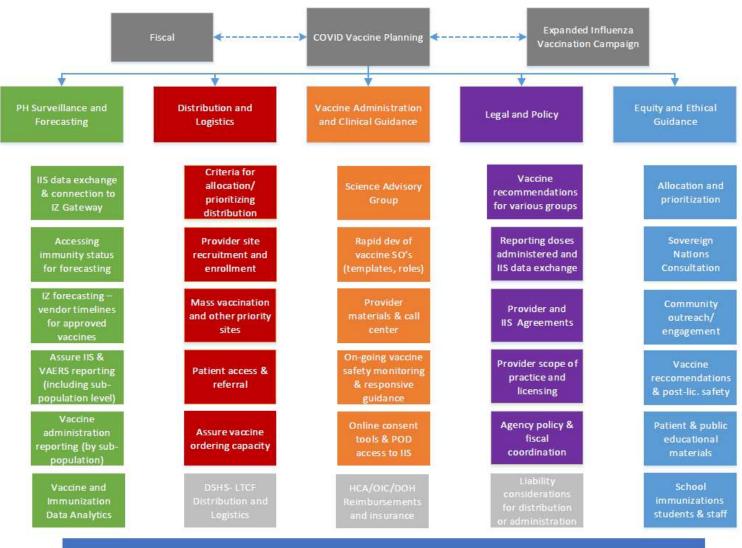
- Rapid deployment capability
- Can deploy anywhere in Washington State within 48 hours
- Scalable from 10-30 beds within 48 hours, up to 60 beds within 72 hours
- Advanced Party deploys first to determine staff and equipment needs; deployment timeline is shortened with pre-coordinated surveys
- Main Body deploys with set-up team (DOH or Ecology) and equipment
- No advanced staging of supplies needed; self contained team of staff and equipment
- Complete wrap around services coordinated by DOH (food, laundry, supplies)
- DOH coordinates biohazard cleaning before redeploying



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Isolation Strike Team – Olympia Armory Exercise





DRAFT

Legend:

Outside agency ask

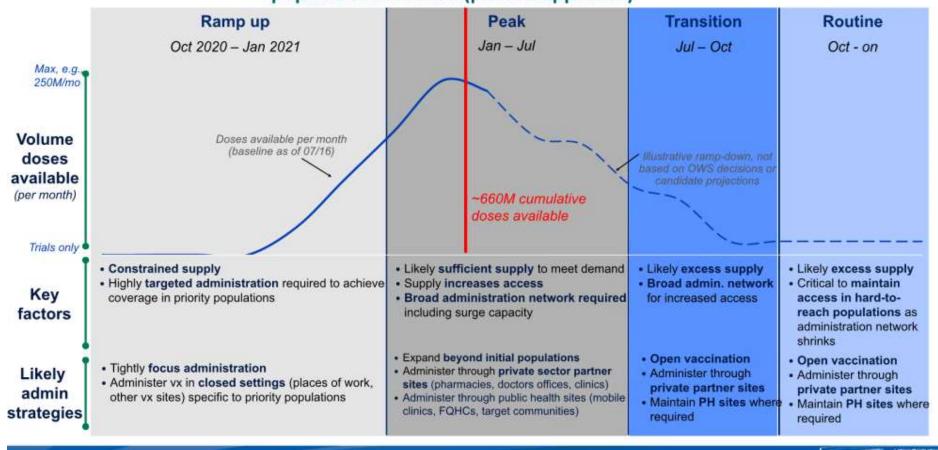
- Proposed vaccine response areas and tasks ahead
- COVID-19 vaccine program success depends on:
 - How well the vaccine works
- How quickly the vaccine can be manufactured and distributed
- Acceptance and uptake of the vaccine

COMMUNICATION

SUPPORT FOR COMMUNICATION PRIORITIES ACROSS ALL INITIATIVES

Assure multiple elements in communications planning, Include PIO functions for handling media relations.

Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)



Questions?



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.